

SUBMIT: COMPLETED APPLICATION, TAX STATEMENT AND FEE TO:
Bayfield County
Planning and Zoning Depart.
PO Box 58
Washburn, WI 54891
(715) 373-6138

APPLICATION FOR PERMIT
BAYFIELD COUNTY, WISCONSIN
Date stamp (received)
MAY 28 2015
Bayfield Co. Zoning Dept.

ENTERED
Permit #: 15-0160
Date: 10-2-15
Amount Paid: \$175
Refund: 10-2-15

INSTRUCTIONS: No permits will be issued until all fees are paid.
Checks are made payable to: Bayfield County Zoning Department.
DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED TO APPLICANT.

| | | | |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------|-----------------------------------------------------------------------------------------------------|
| TYPE OF PERMIT REQUESTED → <input checked="" type="checkbox"/> LAND USE <input type="checkbox"/> SANITARY <input type="checkbox"/> PRIVY <input type="checkbox"/> CONDITIONAL USE <input type="checkbox"/> SPECIAL USE <input type="checkbox"/> B.O.A. <input type="checkbox"/> OTHER | | | |
| Owner's Name: John Scott et Al | Mailing Address: 3300 East 1st Ave | City/State/Zip: 715-795-3617 | Telephone: 715-795-3617 |
| Address of Property: 46045 Knusts Pt Road | City/State/Zip: #510 Denver Co | Cell Phone: 723-885-0960 | |
| Contractor: Scott Byrd | Contractor Phone: 715-718-2364 | Plumber: | Plumber Phone: |
| Authorized Agent: (Person Signing Application on behalf of Owner(s)) | Agent Phone: | Agent Mailing Address (include City/State/Zip): | |
| PROJECT LOCATION: 1/4, 1/4 | Legal Description: (Use Tax Statement) | PIN: (23 digits) TAX ID 151360 | Recorded Document: (i.e. Property Ownership) Volume 1085 Pages 1039 |
| Section 34, Township 44 N, Range 6 W | Town of: Grand Mar | Lot Size: | Acres: 589 |
| <input checked="" type="checkbox"/> Shoreland → | <input checked="" type="checkbox"/> Is Property/Land within 300 feet of River, Stream (incl. intermittent) Creek or Landward side of Floodplain? If Yes—Continue → | Distance Structure is from Shoreline: feet | Is Property in Floodplain Zone? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| <input type="checkbox"/> Non-Shoreland | <input type="checkbox"/> Is Property/Land within 1000 feet of Lake, Pond or Flowage If Yes—Continue → | Distance Structure is from Shoreline: feet | Are Wetlands Present? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |

| | | | | | | |
|------------------------------------------------------------------------|-----------------------------------------------------|----------------------------------------------|------------------------------------------------|----------------------------------------------------|--------------------------------------------------------|------------------------------------------|
| Value at Time of Completion * include donated time & material \$25,000 | Project | # of Stories and/or basement | Use | # of bedrooms | What Type of Sewer/Sanitary System is on the property? | Water |
| <input type="checkbox"/> New Construction | <input type="checkbox"/> 1-Story | <input checked="" type="checkbox"/> Seasonal | <input type="checkbox"/> Year Round | <input type="checkbox"/> 1 | <input type="checkbox"/> Municipal/City | <input type="checkbox"/> City |
| <input checked="" type="checkbox"/> Addition/Alteration | <input checked="" type="checkbox"/> 1-Story + Loft | <input type="checkbox"/> 2-Story | <input type="checkbox"/> 3 | <input checked="" type="checkbox"/> (New) Sanitary | Specify Type: <u>Clay</u> | <input checked="" type="checkbox"/> Well |
| <input type="checkbox"/> Conversion | <input type="checkbox"/> Basement | <input type="checkbox"/> No Basement | <input checked="" type="checkbox"/> Foundation | <input type="checkbox"/> None | <input type="checkbox"/> Portable (w/service contract) | <input type="checkbox"/> Compost Toilet |
| <input type="checkbox"/> Relocate (existing bldg) | <input type="checkbox"/> Run a Business on Property | <input type="checkbox"/> Foundation | <input type="checkbox"/> None | <input type="checkbox"/> None | <input type="checkbox"/> None | <input type="checkbox"/> None |

| | | | |
|---------------------------------------------------------------------|------------|-----------|---------------------|
| Existing Structure: (if permit being applied for is relevant to it) | Length: 30 | Width: 26 | Height: 1 story |
| Proposed Construction: | Length: 30 | Width: 26 | Height: 2 story 23' |

| | | | |
|-----------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|----------------|
| Proposed Use | Proposed Structure | Dimensions | Square Footage |
| <input checked="" type="checkbox"/> Residential Use | <input type="checkbox"/> Principal Structure (first structure on property) | (X) | |
| | <input type="checkbox"/> Residence (i.e. cabin, hunting shack, etc.) | (X) | |
| | with Loft | (X) | |
| | with a Porch | (X) | |
| | with (2nd) Porch | (X) | |
| | with a Deck | (X) | |
| | with (2nd) Deck | (X) | |
| <input type="checkbox"/> Commercial Use | with Attached Garage | (X) | |
| | Bunkhouse w/ <input type="checkbox"/> sanitary, or <input type="checkbox"/> sleeping quarters, or <input type="checkbox"/> cooking & food prep facilities) | (X) | |
| <input type="checkbox"/> Municipal Use | Mobile Home (manufactured date) | (X) | |
| | Addition/Alteration (specify) | (X) | |
| | Accessory Building (specify) | (X) | |
| | Accessory Building Addition/Alteration (specify) | (X) | |
| Rec'd for Issuance | Special Use: (explain) | (X) | |
| JUN 02 2015 | Conditional Use: (explain) | (X) | |
| Secretarial Staff | Other: (explain) Stage - All day | (30 X 26) | 7808 |

I (we) declare that this application (including any accompanying information) has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and complete. I (we) acknowledge that I (we) am (are) responsible for the detail and accuracy of all information I (we) am (are) providing and that it will be relied upon by Bayfield County in determining whether to issue a permit. I (we) further accept liability which may be a result of Bayfield County relying on this information. I (we) am (are) providing in or with this application. I (we) consent to county officials charged with administering county ordinances to have access to the above described property at any reasonable time for the purpose of inspection.

Owner(s): John Scott et Al
(If there are Multiple Owners listed on the Deed All Owners must sign or letter(s) of authorization must accompany this application)
Authorized Agent: _____ Date 5/28/15

(If you are signing on behalf of the owner(s) a letter of authorization must accompany this application)
Address to send permit 46045 Knusts Pt Road Cable, WI 54821
Copy of Tax Statement
If you recently purchased the property send your Recorded Deed

Draw or Sketch your Property (regardless of what you are applying for)

- (1) Show Location of: **Proposed Construction**
- (2) Show / Indicate: North (N) on Plot Plan
- (3) Show Location of (*): (*) Driveway and (*) Frontage Road (Name Frontage Road)
- (4) Show: All Existing Structures on your Property
- (5) Show: (*) Well (W); (*) Septic Tank (ST); (*) Drain Field (DF); (*) Holding Tank (HT) and/or (*) Privy (P)
- (6) Show any (*): (*) Lake; (*) River; (*) Stream/Creek; or (*) Pond
- (7) Show any (*): (*) Wetlands; or (*) Slopes over 20%

Please complete (1) – (7) above (prior to continuing)

Changes in plans must be approved by the Planning & Zoning Dept.

(8) Setbacks: (measured to the closest point)

| Description | Measurement | Description | Measurement |
|---------------------------------------------|-------------|--------------------------------------------------|-------------|
| Setback from the Centerline of Platted Road | 100' Feet | Setback from the Lake (ordinary high-water mark) | 200' Feet |
| Setback from the Established Right-of-Way | 15' Feet | Setback from the River, Stream, Creek | N/A Feet |
| Setback from the North Lot Line | 30' Feet | Setback from the Bank or Bluff | N/A Feet |
| Setback from the South Lot Line | 100' Feet | Setback from Wetland | N/A Feet |
| Setback from the West Lot Line | 90' Feet | 20% Slope Area on property | Yes No |
| Setback from the East Lot Line | Feet | Elevation of Floodplain | N/A Feet |
| Setback to Septic Tank or Holding Tank | 20' Feet | Setback to Well | 60' Feet |
| Setback to Drain Field | 20' Feet | | |
| Setback to Privy (Portable, Composting) | N/A Feet | | |

Prior to the placement or construction of a structure within ten (10) feet of the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner or marked by a licensed surveyor at the owner's expense.

Prior to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the proposed site of the structure, or must be marked by a licensed surveyor at the owner's expense.

(9) Stake or Mark Proposed Location(s) of New Construction, Septic Tank (ST), Drain field (DF), Holding Tank (HT), Privy (P), and Well (W).

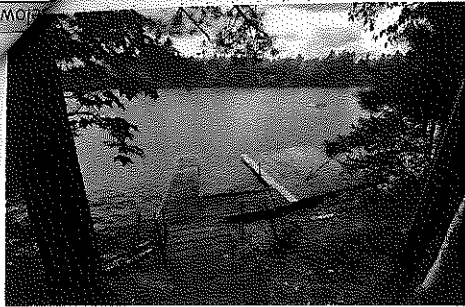
NOTICE: All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun.

For The Construction Of New One & Two Family Dwellings: All Municipalities Are Required To Enforce The Uniform Dwelling Code.

The local Town, Village, City, State or Federal agencies may also require permits.

| | | | | |
|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------|---------------------------------------------------------------------|------------------------------------------|---------------------------------------------------------------------|
| Issuance Information (County Use Only) | | Sanitary Number: | # of bedrooms: | Sanitary Date: |
| Permit Denied (Date): | | Reason for Denial: | | |
| Permit #: 15-0160 | Permit Date: 6-2-15 | | | |
| Is Parcel a Sub-Standard Lot | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | Mitigation Required | Affidavit Required |
| Is Parcel in Common Ownership | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | Mitigation Attached | Affidavit Attached |
| Is Structure Non-Conforming | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | Previously Granted by Variance (B.O.A.) | Case #: |
| Granted by Variance (B.O.A.) | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | Case #: | Were Property Lines Represented by Owner | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| Was Parcel Legally Created | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | Case #: | Was Property Surveyed | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| Was Proposed Building Site Delineated | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | Case #: | | |
| Inspection Record: | | | | |
| Date of Inspection: 5/29 | Inspected by: [Signature] | | | |
| Condition(s) Town, Committee or Board Conditions Attached? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | | (If No they need to be attached.) | | |
| Signature of Inspector: [Signature] | | | | Date of Signature: 5/29/15 |
| Hold For Sanitary: <input type="checkbox"/> | Hold For TBA: <input type="checkbox"/> | Hold For Affidavit: <input type="checkbox"/> | Hold For Fees: <input type="checkbox"/> | <input type="checkbox"/> |

ous (L)
ous (9)
ous (5)
ous (b)
ous (E)
ous (Z)
ous (T)



dock to be removed

existing impervious surfaces

existing house: 1250 sq.ft.
existing garage: 850 sq.ft.
existing driveway: 2812 sq.ft.
total impervious: 4912 sq.ft.

proposed impervious surfaces

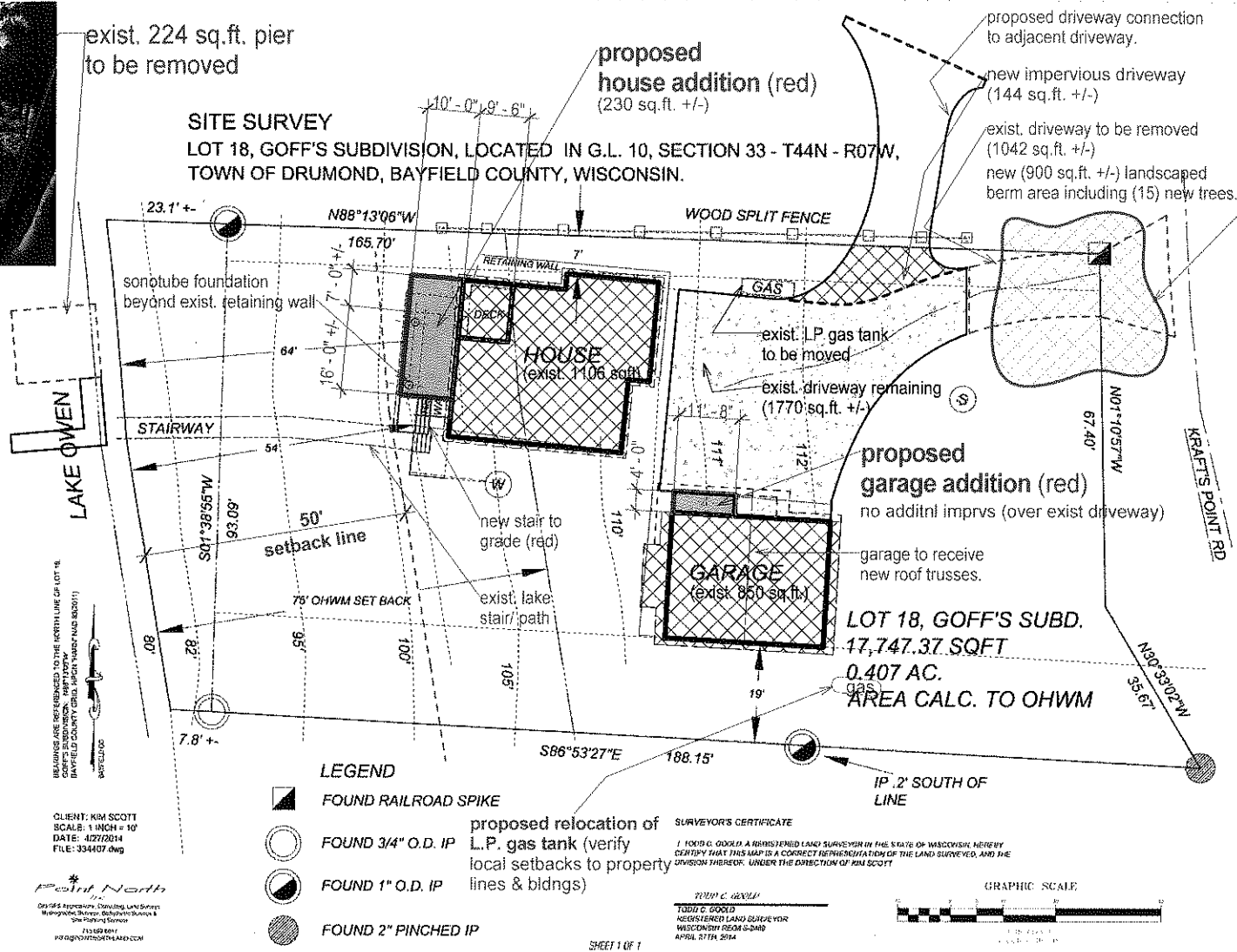
proposed house: 1480 sq.ft.
proposed garage: 886 sq.ft.
proposed driveway: 1914 sq.ft.
total impervious: 4280 sq.ft.
(632 sq.ft. reduction of impervious)



original driveway



new landscape berm



ENK architecture
building permit set

guest garage

Scott Cabin
48045 Krafts Point Road
Cable, Wisconsin 54821

y1.3+

site plan 46035

mitiga tion

SUBMIT: COMPLETED APPLICATION, TAX STATEMENT AND FEE TO:
Bayfield County
Planning and Zoning Depart.
PO Box 58
Washburn, WI 54891
(715) 373-6138

APPLICATION FOR PERMIT
BAYFIELD COUNTY, WISCONSIN
RECEIVED
APR 20 2015
Bayfield Co. Zoning Dept.

Permit #: 150174
Date: 6-5-15
Amount Paid: \$600
Refund: 6-5-15

INSTRUCTIONS: No permits will be issued until all fees are paid.
Checks are made payable to: Bayfield County Zoning Department.
DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED TO APPLICANT.

TYPE OF PERMIT REQUESTED: ☒ LAND USE ☐ SANITARY ☐ PRIVY ☐ CONDITIONAL USE ☐ SPECIAL USE ☐ B.O.A. ☐ OTHER

Owner's Name: LIVING TRUST OF THOMAS GARNETT & DAVID J. GARNETT
Mailing Address: PO. Box 398
City/State/Zip: CALE, WI 54821
Telephone: 715-794-2311
Cell Phone: 269-762-2882

Address of Property: 475330782 TAILOR CIRCLE, WI 54821 (TOWN OF GREENO VIEW)
City/State/Zip: CALE, WI 54821 (GREENO VIEW)
Plumber: BRAD RUMBLE
Plumber Phone: 715-746-2796
Agent Phone: 746-2796
Agent Mailing Address (include City/State/Zip):
Plumber: BRAD RUMBLE
Plumber Phone: 715-746-2796
Agent Mailing Address (include City/State/Zip):

Contractor: RYAN LARSON
Authorized Agent: (Person Signing Application on behalf of Owner(s))

PROJECT LOCATION: Legal Description: (Use Tax Statement)
1/4, 1/4 Gov't Lot Lot(s) CSM Vol & Page Lot(s) No. Block(s) No. Subdivision: IRAPPA 60204
Recorded Document: (i.e. Property Ownership) Volume 981 Page(s) 296

Section 22, Township 44 N, Range 6 W Town of: GREENO VIEW
Lot Size 248,322 sq ft Acreage 5.70

☐ Shoreland ☒ Non-Shoreland

☐ Is Property/Land within 300 feet of River, Stream (incl. intermittent) Creek or Landward side of Floodplain? If yes--Continue -->
☐ Is Property/Land within 1000 feet of Lake, Pond or Flowage If yes--Continue -->

Distance Structure is from Shoreline: feet
Distance Structure is from Shoreline: feet
Is Property in Floodplain Zone? ☐ Yes ☒ No
Are Wetlands Present? ☐ Yes ☒ No

Value at Time of Completion *include donated time & material \$200,000

Project # of Stories and/or basement Use # of bedrooms What Type of Sewer/Sanitary System Is on the property? Water

☒ New Construction ☒ 1-Story ☐ Seasonal ☐ 1 ☐ Municipal/City ☐ (New) Sanitary Specify Type: HT ☐ City ☐ Addition/Alteration ☐ 1-Story + Loft ☒ Year Round ☐ 2 ☐ Sanitary (Exists) Specify Type: ☐ Well ☐ Conversion ☐ 2-Story ☐ Basement ☒ 3 ☐ Privy (Pit) or ☐ Vaulted (min 200 gallon) ☐ Relocate (existing bldg) ☐ No Basement ☐ Portable (w/service contract) ☐ Run a Business on Property ☐ Foundation ☐ None ☐ Compost Toilet ☐ Foundation ☒ Slab ☐ None ☐ None

Existing Structure: (if permit being applied for is relevant to it) Length: 52 Width: 45 Height: 45
Proposed Construction: Length: 52 Width: 45 Height: 45

Proposed Use ☒ Residential Use ☐ Commercial Use ☐ Municipal Use

Principal Structure (first structure on property) Residence (i.e. cabin, hunting shack, etc.) with Loft with a Porch with (2nd) Porch with a Deck with (2nd) Deck with Attached Garage

Dimensions Square Footage 52x45 1640 451

Rec'd for Issuance JUN 05 2015 Secretarial Staff

FAILURE TO OBTAIN A PERMIT OR STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES
I (we) declare that this application, including any accompanying information, has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and complete. I (we) acknowledge that I (we) am (are) responsible for the design and accuracy of all information I (we) am (are) providing and that it will be relied upon by Bayfield County in determining whether to issue a permit. I (we) further accept liability which may be a result of Bayfield County relying on this information. I (we) am (are) providing in or with this application. I (we) consent to county officials charged with administering county ordinances to have access to the above described property at any reasonable time for the purpose of inspection.

Owner(s) [Signature]
(If there are Multiple Owners listed in the Deed All Owners must sign or letter(s) of authorization must accompany this application)
Authorized Agent: [Signature]
(If you are signing on behalf of the owner(s) a letter of authorization must accompany this application)
Address to send permit PO. Box 398, Cable, WI 54821
Date 03/19/2015
Attach Copy of Tax Statement
If you recently purchased the property send your Recorded Deed

- 1) Show Location of: **Proposed Construction**
- 2) Show / Indicate: North (N) on Plot Plan
- 3) Show Location of (*): (*) Driveway and (*) Frontage Road (Name Frontage Road)
- 4) Show: All Existing Structures on your Property
- 5) Show: (*) Well (W); (*) Septic Tank (ST); (*) Drain Field (DF); (*) Holding Tank (HT) and/or (*) Privy (P)
- 6) Show any (*): (*) Lake; (*) River; (*) Stream/Creek; or (*) Pond
- 7) Show any (*): (*) Wetlands; or (*) Slopes over 20%

SITE PLAN ATTACHED.

Please complete (1) – (7) above (prior to continuing)

Changes in plans must be approved by the Planning & Zoning Dept.

(8) Setbacks: (measured to the closest point)

| Description | Measurement | Description | Measurement |
|---------------------------------------------|-------------|--------------------------------------------------|---------------------------------------------------------------------|
| Setback from the Centerline of Platted Road | 422 Feet | Setback from the Lake (ordinary high-water mark) | NA Feet |
| Setback from the Established Right-of-Way | Feet | Setback from the River, Stream, Creek | NA Feet |
| | | Setback from the Bank or Bluff | NA Feet |
| Setback from the North Lot Line | 117 Feet | | |
| Setback from the South Lot Line | 422 Feet | Setback from Wetland | NA Feet |
| Setback from the West Lot Line | 165 Feet | 20% Slope Area on property | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| Setback from the East Lot Line | 260 Feet | Elevation of Floodplain | Feet |
| Setback to Septic Tank or Holding Tank | Feet | Setback to Well | Feet |
| Setback to Drain Field | NA Feet | | |
| Setback to Privy (Portable, Composting) | NA Feet | | |

Prior to the placement or construction of a structure within ten (10) feet of the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner or marked by a licensed surveyor at the owner's expense.

Prior to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the proposed site of the structure, or must be marked by a licensed surveyor at the owner's expense.

(9) Stake or Mark Proposed Location(s) of New Construction, Septic Tank (ST), Drain field (DF), Holding Tank (HT), Privy (P), and Well (W).

NOTICE: All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun.

For The Construction Of New One & Two Family Dwellings: ALL Municipalities Are Required To Enforce The Uniform Dwelling Code.

The local Town, Village, City, State or Federal agencies may also require permits.

| | | | | |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------|---------------------------------------------------------------------|---------------------------------------------------------------------|---------------------------------------------------------------------|
| Issuance Information (County Use Only) | | Sanitary Number: <u>15-415</u> | # of Bedrooms: <u>3</u> | Sanitary Date: <u>5-7-15</u> |
| Permit Denied (Date): | Reason for Denial: | | | |
| Permit #: <u>15-0174</u> | Permit Date: <u>6-5-15</u> | | | |
| Is Parcel a Sub-Standard Lot? | <input type="checkbox"/> Yes (Deed of Record) | <input checked="" type="checkbox"/> No | Mitigation Required | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| Is Parcel in Common Ownership? | <input type="checkbox"/> Yes (Fused/Contiguous lots) | <input checked="" type="checkbox"/> No | Mitigation Attached | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| Is Structure Non-Controlling? | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No | | |
| Granted by Variance (B.O.A.) | Case #: | Previously Granted by Variance (B.O.A.) | Case #: | |
| <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | |
| Was Parcel Legally Created | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | Were Property Lines Represented by Owner | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | |
| Was Proposed Building Site Delineated | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | Was Property Surveyed | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | |
| Inspection Record: | | | | |
| <u>Well Staked and met all set backs</u> | | | | |
| Date of Inspection: <u>5-1-15</u> | Inspected by: <u>Don Bailey</u> | Zoning District: <u>(R-1)</u> | Lakes Classification: <u>(NA)</u> | Date of Re-Inspection: |
| Condition(s): Town, Committee or Board Conditions Attached? <input type="checkbox"/> Yes <input type="checkbox"/> No (If No they need to be attached) | | | | |
| <u>Porta Potty must be removed upon completion or property permitted. Available space is next garage. Cannot exceed 500 square feet and can't have appliances.</u> | | | | |
| Signature of Inspector: <u>Don Bailey</u> | Date of Approval: <u>6-3-15</u> | | | |
| Hold For Sanitary: <input checked="" type="checkbox"/> | Hold For TBA: <input type="checkbox"/> | Hold For Affidavit: <input type="checkbox"/> | Hold For Fees: <input type="checkbox"/> | <input type="checkbox"/> |

